



MENSTRUATION AND BLEEDING DISORDERS

The processes of menstruation and childbirth are unique to women and represents two types of bleeding challenges that women face. Having a bleeding disorder can be significant during these times in a woman's life.

Normal menstruation lasts 3-7 days and results in approximately 30-80 mL of blood loss along with additional mucous and uterine tissue. Because bleeding disorders tend to run in families, a woman might think that her menstrual pattern is normal because it is similar to her family members' when in fact, these other women might also have a bleeding disorder.

Women with a bleeding disorder have increased rates of menorrhagia (heavy periods), hemorrhagic ovarian cysts, endometriosis, postpartum hemorrhage, and/or midcycle pain. If menstruation occurs for more than 7 days or soaking of protection (pads, tampons) occurs more than once every two hours, this can indicate menorrhagia. Some women with bleeding disorders will report heavy menorrhagia, flooding of their protection, or frequent staining of undergarments despite proper protection. A chart is available that can help you determine if your menstruation is heavier than normal.

It is important for women who believe they have a bleeding disorder to be evaluated. Often surgical procedures are done to determine the cause of the excessive menstrual bleeding; when in fact, it is due to a bleeding disorder. Surgery poses additional risks to people with bleeding disorders and should always be discussed with a provider trained in bleeding disorders and affiliated with a hemophilia treatment center.

There is treatment available for women with bleeding disorders. Treatment usually involves hormone therapy in the form of combined oral contraceptive pills (OCPs) but may include a levonorgestrel IUD (intrauterine device). OCPs, due to the effects of estrogen and progesterone, prevent the endometrial lining of the uterus from thickening, decreasing menstrual flow. They also suppress ovulation, which can decrease the incidence of ovarian cysts. Other treatments aim at increasing the low VWF and factor VIII levels for women with VWD, PFD or who are symptomatic carriers of hemophilia A. Antifibrinolytic medications (Amicar® or Lysteda®) can be used to maintain clots.

Desmopressin (DDAVP®) is a synthetic vasopressin medication that promotes the release of VWF and factor VIII from the endothelial lining of blood vessels. It is available in an intravenous form given in the hospital or clinic setting. It is important that a trial dose of desmopressin be given and the patient's response assessed before using it, as not all patients achieve therapeutic levels. Also, this medication cannot be used for all types of bleeding disorders and can only be used once every 24 hours for a maximum of three days. In addition, people with heart disease, significant risk factors for heart disease, or who are at risk for clotting may not be able to use this medication. After desmopressin is given, a 24-hour fluid restriction must be followed to reduce the small risk of seizures. Some people experience side effects when they take desmopressin which can include flushing, elevated heart rate, headache, or nausea, but these are generally mild and transient. Consult with your hematologist regarding dose recommendations and fluid restrictions.

Amicar and Lysteda, an antifibrinolytic medications, prevent the body from breaking down clots. This can allow for decreased blood loss during menstruation. Amicar is available in tablets or syrup, Lysteda is available in a tablet form. On some occasions, people have reported side effects which are generally mild and include stomach upset, nausea, diarrhea and headache. In addition, people with heart disease, significant risk factors for heart disease, or who are at risk for clotting may not be able to use these medications. Consult with your hematologist if you have any concerns.